



NEVADA PREPAID TUITION 2012 * OPEN ENROLLMENT FORM

SECTION III. Beneficiary Information

The Beneficiary is the person for whom you are buying the contract. Please complete the following information about him or her. Be sure to supply the Beneficiary's Social Security Number.

NAME

Last

First

M.I.

ADDRESS

Number and street, including apartment number

City

State

Zip

County (i.e. Clark, Washoe, etc.)

SOCIAL SECURITY NUMBER

HOME PHONE

Sex: ☐ Male ☐ Female

Date of Birth:

Month

Day

Year

Please check Beneficiary's age or current grade in school and projected college entrance year as of **September 30, 2011**.

- | | | | |
|-----------------------------------------------|--------------------------------------------------------------|--------------------------------------------|---------------------------------------------|
| 1. <input type="checkbox"/> Newborn (2029) | 5. <input type="checkbox"/> 4 year old (2025) | 9. <input type="checkbox"/> Second (2022) | 13. <input type="checkbox"/> Sixth (2018) |
| 2. <input type="checkbox"/> 1 year old (2028) | 6. <input type="checkbox"/> 5 year old, not in school (2025) | 10. <input type="checkbox"/> Third (2021) | 14. <input type="checkbox"/> Seventh (2017) |
| 3. <input type="checkbox"/> 2 year old (2027) | 7. <input type="checkbox"/> Kindergarten (2024) | 11. <input type="checkbox"/> Fourth (2020) | 15. <input type="checkbox"/> Eighth (2016) |
| 4. <input type="checkbox"/> 3 year old (2026) | 8. <input type="checkbox"/> First (2023) | 12. <input type="checkbox"/> Fifth (2019) | 16. <input type="checkbox"/> Ninth (2015) |

Beneficiary relationship to Purchaser (check one)

1. ☐ Child 2. ☐ Grandchild 3. ☐ Friend 4. ☐ Other _____

SECTION IV. Choice of Tuition Plans

Please indicate the number of semesters you wish to purchase.

- | | |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> 4 Year University Plan: 4 Years University
(120 semester credit hours) | 4. <input type="checkbox"/> Community College Plus University Plan:
2 Years Community College and 2 Years University
(120 semester credit hours) |
| 2. <input type="checkbox"/> 2 Year University Plan: 2 Years University
(60 semester credit hours) | 5. <input type="checkbox"/> 2 Year Community College Plan:
2 Years Community College
(60 semester credit hours) |
| 3. <input type="checkbox"/> 1 Year University Plan: 1 Year University
(30 semester credit hours) | |

SECTION V. Payment Schedule

Please select your payment option and indicate if you are making a down payment. (**Note: Down payments are optional, must be a minimum of \$,1000 and must be included with your open enrollment form. You must also choose one of the monthly payment options**)

☐ Single, Lump Sum ☐ 5 Years/60 months (available for the 7th grade or below) ☐ Extended Monthly (until high school graduation)

☐ Down Payment

Amount of down payment \$ _____

If selecting an option including monthly payments, indicate your payment preference below:

☐ Automated Bank Account Withdrawal (available on website) ☐ Coupon Book (a book will be sent to you)

☐ Payroll Deduction (choose your current employer from the participating payroll departments below and a form will be sent to you. Contact your payroll office if your employer is not listed below and you are interested in setting up payroll deduction).

☐ City of Las Vegas ☐ Douglas County ☐ LV Water District ☐ NV Energy ☐ Public Employees Retirement System (currently **work** for)
☐ State of Nevada: Central ☐ State of Nevada: LCB ☐ University of Nevada, Reno

